



INTRODUCTION

- Heart failure (HF) patients undergoing bariatric surgery have higher rates of perioperative complications and morbidity.
- National-level data on bariatric surgery outcomes in HF patients remains limited.
- Our study aimed to evaluate perioperative outcomes in heart failure patients following bariatric surgery using the 2023 MBSAQIP database.

METHODS

- A retrospective cohort analysis was performed using the 2023 MBSAQIP database
- Patients were stratified by HF status and surgery type
- Outcomes of interest: 30-day readmission, ICU admission, incidence of postoperative anastomotic leak.
- All statistical analyses were performed using SAS version 9.4.

RESULTS

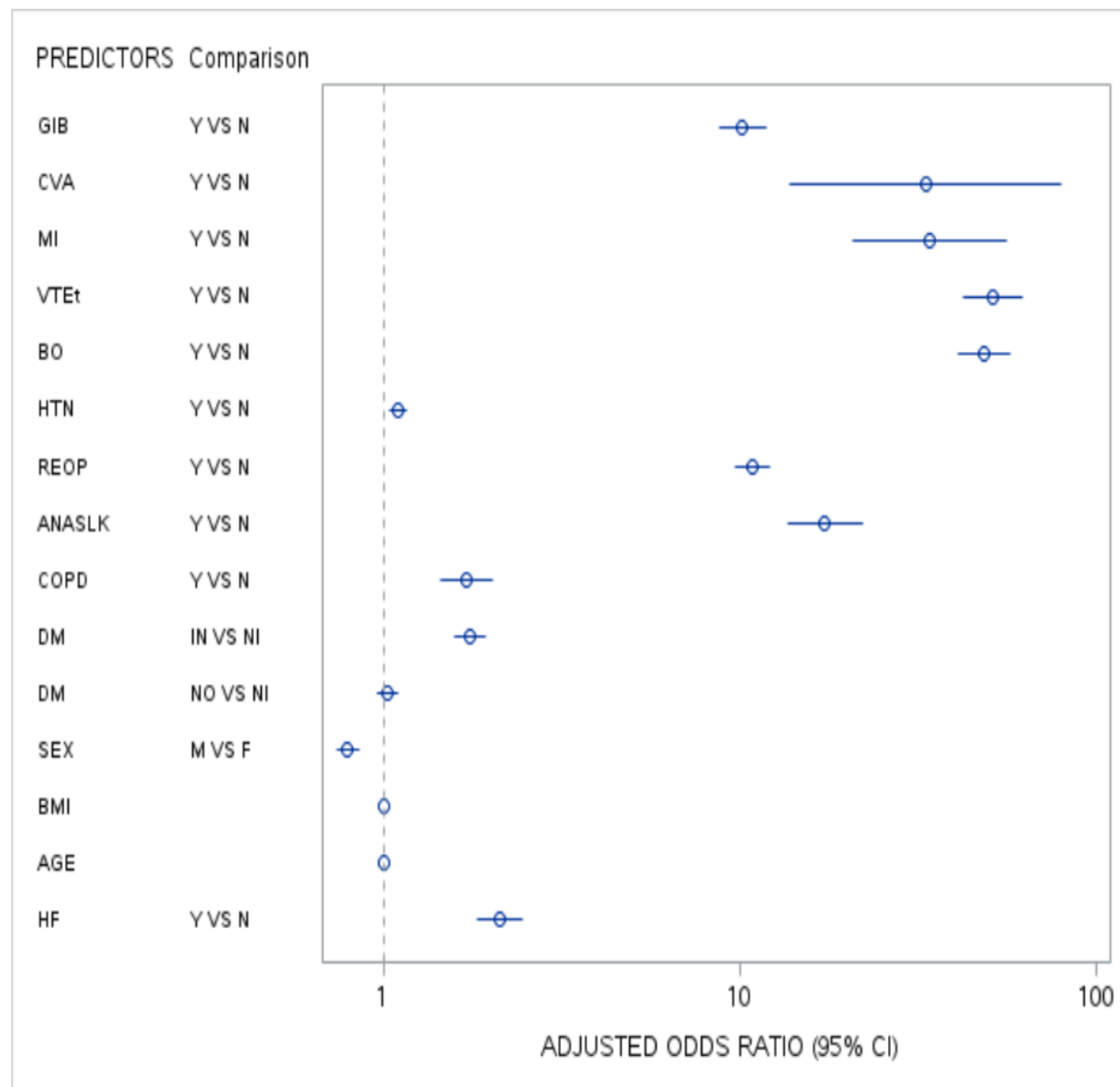


Figure 1. Multivariate Regression for 30-Day Readmission. GIB = GI Bleed; VTet = VTE requiring treatment; BO = Bowel Obstruction; ANASLK = anastomotic leak; IN = insulin-dependent; NI = non-insulin-dependent; NO = no diabetes

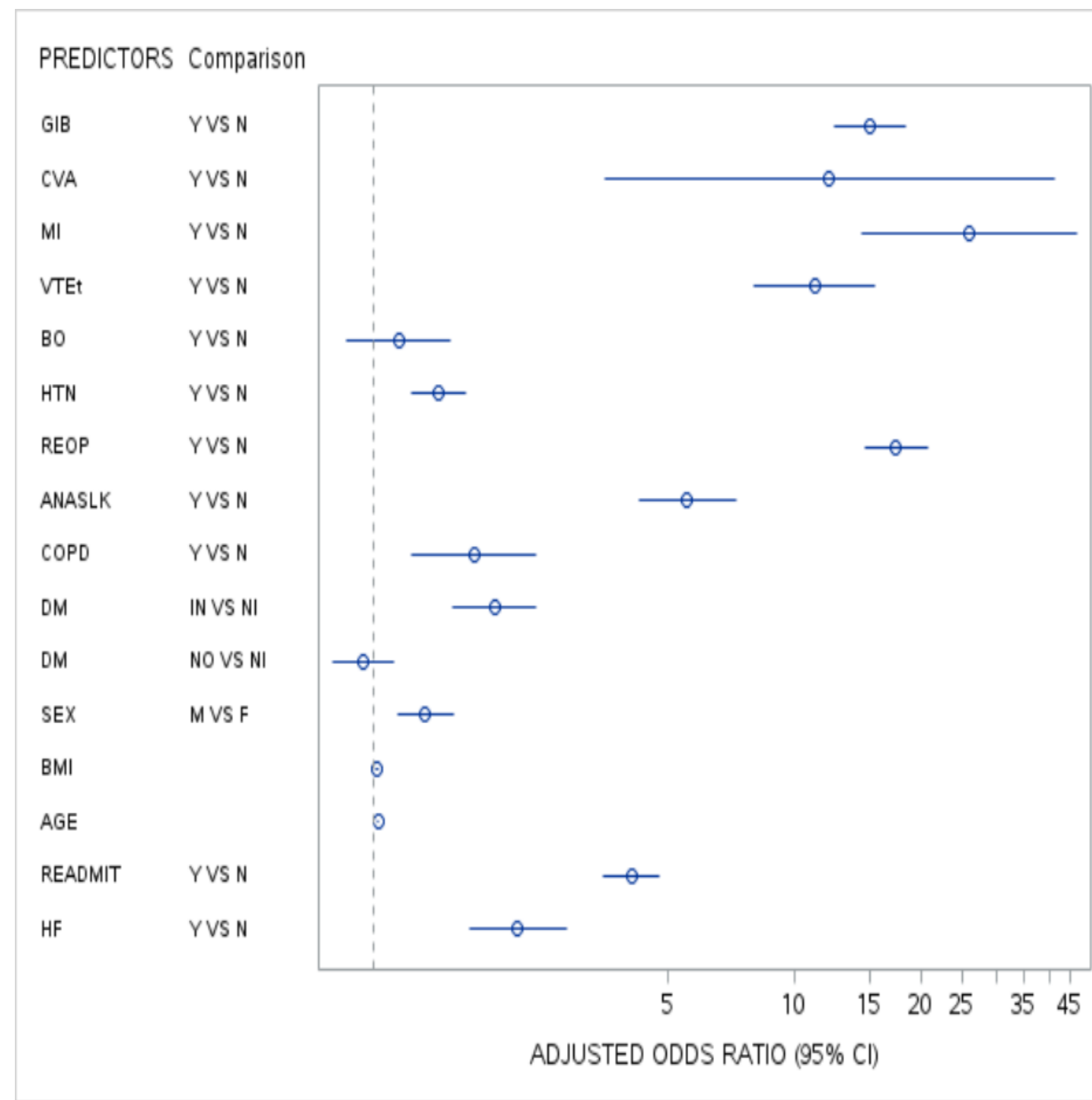


Figure 2. Multivariate Regression for Unplanned ICU Admission in 30 days. GIB = GI Bleed; VTet = VTE requiring treatment; BO = Bowel Obstruction; ANASLK = anastomotic leak; IN = insulin-dependent; NI = non-insulin-dependent; NO = no diabetes

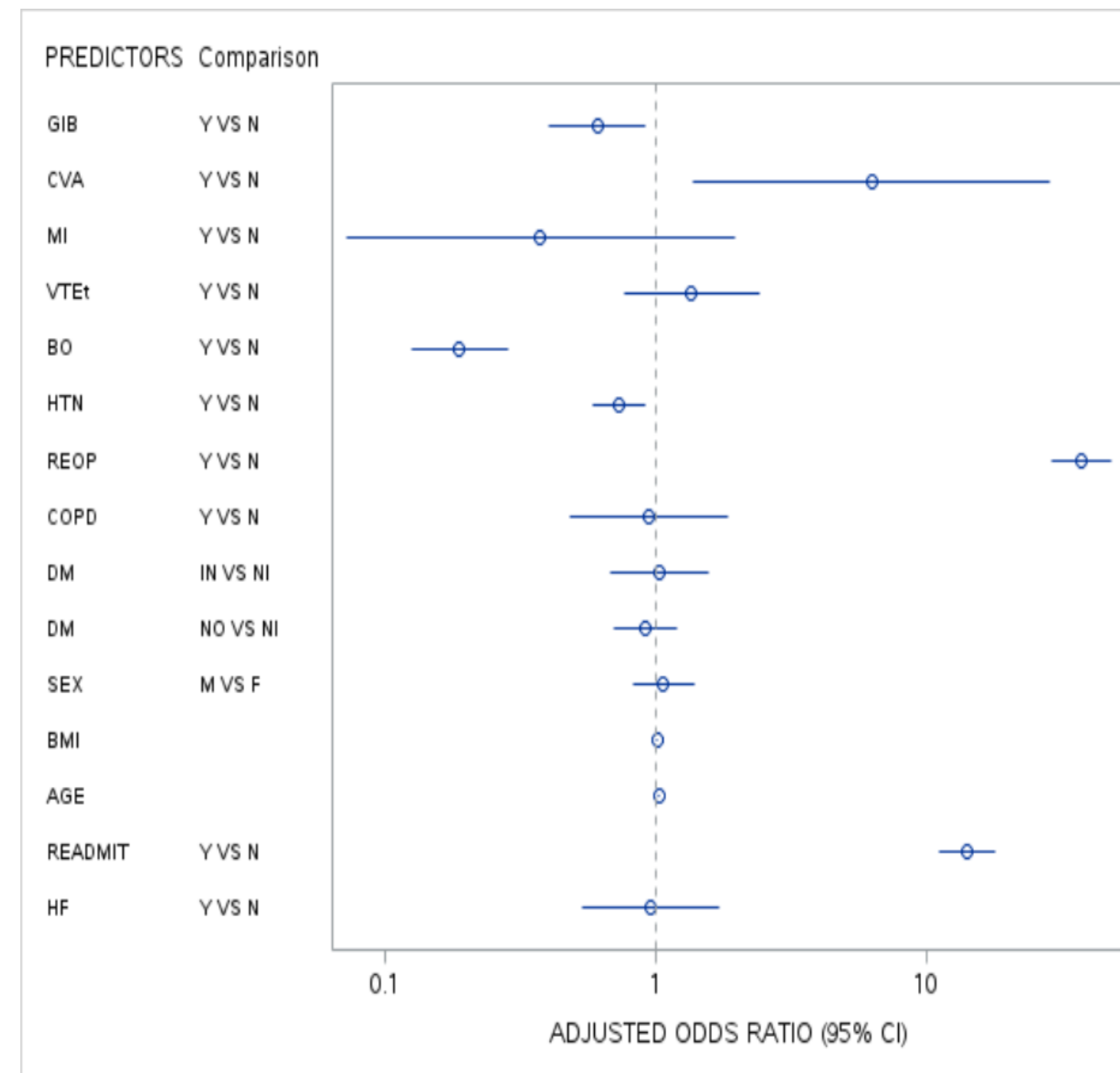


Figure 3. Multivariate Regression for Postoperative Anastomotic Leak. GIB = GI Bleed; VTet = VTE requiring treatment; BO = Bowel Obstruction; ANASLK = anastomotic leak; IN = insulin-dependent; NI = non-insulin-dependent; NO = no diabetes

CONCLUSIONS

- Heart failure is independently associated with increased 30-day readmissions but does not predict postoperative anastomotic leak or ICU admission.
- In patients with HF, age, insulin-dependent diabetes, COPD, hypertension, and female sex are independently associated with 30-day readmission.
- Tailored perioperative strategies and postoperative surveillance is merited in this high-risk population to optimize outcomes
- Future studies should look at stratifying HF patients by severity of HF to further inform perioperative protocols.

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